

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

10/540341

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2			1			
3			1			
4			2			
5			2			
6			2			
7			2			
8			1			
9			2			
10			2			
11			2			
12			2			
13			2			
14			2			
15			2			
16			2			
17			2			
18			2			
19			2			
20			2			
21			2			
22			2			
23			2			
24			1			
25			2			
26			2			
27			2			
28			2			
29			2			
30			1			
31			2			
32			2			
33			2			
34			2			
35			2			
36			2			
37			2			
38			2			
39			2			
40			2			
41			2			
42			2			
43			2			
44			2			
45			2			
46			2			
47			2			
48			2			
49			2			
50			2			
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51					1	
52					1	
53					1	
54					2	
55					2	
56					2	
57					2	
58					2	
59					1	
60					1	
61					1	
62					1	
63					2	
64					2	
65					2	
66					2	
67					2	
68					2	
69					2	
70					2	
71					2	
72					2	
73					2	
74					2	
75					2	
76					2	
77					2	
78					2	
79					2	
80					2	
81					2	
82					2	
83					2	
84					2	
85					2	
86					2	
87					2	
88					2	
89					2	
90					2	
91					2	
92					2	
93					2	
94					2	
95					2	
96					2	
97					2	
98					2	
99					2	
100					2	
TOTAL IND.					2	
TOTAL DEP.					104	
TOTAL CLAIMS					106	